

CHAPTER THREE

PLANNING GUIDELINES

Revised July 2005

CHAPTER THREE – PLANNING GUIDELINES

The purpose of Chapter 3 is to describe the minimum requirements for the County biennial plan. The County biennial plan is necessary to meet:

- The RCW 70.96A requirement for a county needs assessment and plan for substance abuse prevention and treatment services and
- The RCW 70.96A requirement for counties to develop a plan for substance abuse treatment and support services to people involved in the county's criminal system.

COUNTY 2007- 09 STRATEGIC PLAN

DASA will convene a workgroup comprised of DASA staff, County Alcohol and Drug Abuse Coordinators and County Prevention Specialist Representatives to develop guidelines for a 6 year County Strategic Plan. DASA will issue the County Strategic Plan Guidelines by December 31, 2005. County Plans will be due to the DASA by April 15, 2007. The County Strategic Plan will address county specific needs, resources and implementation strategies for substance abuse prevention, intervention, chemical dependency treatment and aftercare/support services.

COUNTY 2005- 07 PLAN

IMPORTANT NOTE: *The County shall submit a Needs Assessment/Risk Assessment update two years after DASA accepted the original Needs Assessment/Risk Assessment. The Needs Assessment/Risk Assessment for the 2005 – 07 county biennial plan was due to DASA by May 15, 2005.*

I. NEEDS ASSESSMENT/RISK ASSESSMENT

- A. Include a narrative description of the process used in your county to conduct the needs assessment. The narrative should describe the manner in which the general public was involved in the assessment process. Your county may use any methodology in conducting the needs assessment for treatment and support services. The County Profile on Substance Use, Abuse and need for Treatment Services may provide demographic information that could be helpful.

The following needs to be included in the narrative:

1. The needs of ethnic minorities
2. The needs of Native Americans including Tribes and Urban Native Americans
3. The needs of other special populations in your county, such as persons with disabilities; youth, pregnant/postpartum women; parents with young children; elderly; gay, lesbian, bisexual and transgender people; intravenous drug users etc., and
4. How rural areas of the county will be served.

- B. In anticipation of treatment expansion funds for the 2005 – 07 Biennium, include in the needs assessment a narrative of expanded services for the following populations:
1. GAU adults
 2. GAX adults
 3. TANF
 4. SSI
 5. Youth

The latest Information on the number of GAU, GAX, TANS, SSI and youth clients in each county (calendar year 2003) can be found on the Department of Social and Health website at:

<http://www1.dshs.wa.gov/rda/research/clientdata/2003/county/default.shtm>

II. TREATMENT AND SUPPORT SERVICES SECTION

- A. Include in the narrative an evaluation of the current services and an assessment of the service needs/gaps, both for the general population and for the specific populations identified in the Needs Assessment/Risk Assessment.
- B. Update your current needs assessment by comparing new information with the information in your existing needs assessment. You will report differences to DASA.
- C. Describe the county's progress in meeting the service levels in the current DASA Program Agreement and Spending Plan. Include any significant expected changes from the current biennium. Note the major cost centers in the Spending Plan and include at a minimum the following areas:
1. Community outreach, intervention and referral (include adolescent, PPW, and general outreach),
 2. HIV/IVDU outreach and referral,
 3. Crisis services,
 4. Detoxification services,
 5. Involuntary commitment,
 6. ADATSA assessments and monitoring,
 7. ADATSA outpatient,
 8. Outpatient general, PPW, and youth), and
 9. Opiate Substitution Services.
- D. Treatment Expansion

Repeat items II A – C for expanded treatment services to GAU, GAX, TANF, SSI, and youth. Also include service needs related to inpatient residential. Include:

1. The number of GAU, GAX, TANF, SSI and youth that received treatment services in the 2003 – 05 Biennium.
2. Estimate the number of additional GAU, GAX, TANF, SSI and youth that could be served if additional resources become available for treatment services.

E. Criminal Justice Needs Assessment

1. Repeat items II A – C for Criminal Justice services. Also include service needs related to inpatient residential services for criminal justice clients. Include a statement of need on:
 - a. Estimated number of offenders with an addiction or a substance abuse problem that, if not treated, would result in addiction, against whom a prosecuting attorney in Washington State files charges.
 - b. Estimated number of nonviolent offenders for a drug court program.
2. Include documentation on the participation of the required entities listed in Section III, Criminal Justice Treatment and Support Services, below.
3. Based on assessment, describe the role of the county's judicial system in service delivery (i.e., drug court or some form of judicial supervision).
4. Indicate if your county will be developing a county specific Criminal Justice plan or will be participating in a regional Criminal Justice plan with other counties. If regional, identify the other counties who will be participating in the regional plan.

III. CRIMINAL JUSTICE TREATMENT AND SUPPORT SERVICES

The Criminal Justice (CJ) needs assessment and Criminal Justice Treatment and Support services (CJ) plan is a requirement intended to:

- Fulfill the obligations of RCW 70.96A.350
- Comply with the Criminal Justice Treatment Account (CJTA) Panel's March 11, 2005 motion that reads:
"Allocate the 2005-2007 CJTA grant funds by the current funding formula to all 39 counties and require that each county use its share of this amount for grant projects."

The CJ portion of the needs assessment and CJ plan must be written as a separate part of the County's biennial plan.

Per RCW 70.96A.350, the needs assessment and plan for criminal justice treatment and support services must be developed in conjunction with representatives of the following:

- County alcohol and drug coordinator
- County prosecutor
- County sheriff
- County superior court
- Substance abuse treatment provider(s) appointed by the county legislative authority
- A member of the criminal defense bar appointed by the county legislative authority, and,
- In counties with a drug court, a representative of the drug court

(Note: Counties are encouraged to consider regional agreements and submit regional criminal justice plans for the efficient delivery of treatment.)

DASA will forward a copy of each county's needs assessment and plan for criminal justice treatment and support services to the state of Washington Criminal Justice Treatment Account (CJTA) Panel.

IV. TREATMENT PLANS

- A. The County shall record their plan for treatment services, including its number of planned service units and expenditures for all treatment services, on the county's Spending Plan according to the instructions described in Chapter 2 of the DCIG. This includes the number of planned service units and expenditures for Treatment Expansion for GAU, GAX, TANF, SSI, youth, and the Criminal Justice Treatment and Support Services (CJ) plan
- B. Criminal Justice Treatment and Support Services (CJ) Plan - The County shall record their plan for CJ treatment and support services on the county's spending plan according to the instructions described in Chapter 2 of the DCIG. This plan should cover services to:
 - 1. Individuals with an addiction or a substance abuse problem that, if not treated, would result in addiction, against whom charges are filed by a prosecuting attorney in Washington State, and
 - 2. Nonviolent offenders for a drug court program
- C. Criminal Justice Treatment and Support Services (CJ) Innovated Plan: The County shall incorporate into its CJ Plan a section that describes how the County intends to use the innovated grant portion of their CJTA allocation. The innovated grant portion of the CJTA allocation can be used for the following three types of projects:

1. Regional projects – at least two counties combining funding to provide treatment services to offenders.
2. Best Practice – an acknowledged best practice (or treatment strategy) that can be documented in published research. DASA has developed the following website as a tool for counties for use in identifying best practices: <http://www.adai.washington.edu/ebp/>
3. Innovation – an approach utilizing either traditional or elements of a best practice to treat significant underserved population(s) of offenders.

The innovated grant portion of the CJ plan must include, at a minimum, the following items:

1. Type of project (innovation, best practice, or regional project).
2. Description of project (innovation, best practice or regional project) and how it will enhance treatment services.
3. Capacity – number of people to be served.
4. Measurable goals and objectives.
5. Evaluation strategy that addresses at a minimum:
 - a. Treatment retention/completion, and
 - b. Reduced involvement in criminal activity.
6. Rationale for providing services under either a drug court model or non-drug court model.

If you have any questions, contact your Regional Administrator.

V. PREVENTION SECTION

A. County Substance Abuse Prevention Plan

1. The County shall prepare a substance abuse prevention plan July 1, 2005 – June 30, 2007. The plan will be submitted to the DASA Regional Administrator. The plan will include:
 - a. An updated list of risk and protective factors,
 - b. Goals that reflect a decrease or increase in the risk and protective factors to be addressed, and
 - c. Objectives for each goal that:
 - identify the target population
 - include intended changes, and
 - project a date for accomplishing them.

B. Program Selection and Implementation

1. A minimum of fifty-percent of programs funded by DASA will be Best Practices or Promising Approaches, as identified on the Western Center for the Application of Prevention Technology (Western CAPT) website. These programs are also frequently referred to as “evidence-based.” (<http://casat.unr.edu/bestpractices/bestprac.htm>)

2. Programs will be implemented as designed by program developers, including curriculum elements, environments and settings, focus populations, and training. Adaptations to Best Practices or promising Approaches (evidence-based programs) must be negotiated with the Regional Administrator (or designee) prior to implementation.
3. All Non-Best Practice or Promising Approaches (non-evidence-based programs) must address appropriate elements of the Center for Substance Abuse Prevention (CSAP) Principles of Effective Substance Abuse Prevention. (<http://casat.unr.edu/bestpractices/bpprinc2.htm>)

C. Training Activities

1. Counties shall ensure their prevention services providers are effectively trained to implement the programs they agree to provide.
2. Training Funds shall only be used to support training of staff or providers in Best Practices or Promising Approaches (evidence-based programs) or practices, or to increase capacity to implement Best Practices or Promising Approaches (evidence-based programs). "Increasing capacity" means activities like grant writing training, board training, and community organizing or volunteer recruitment training. Training funds shall not be used to support employee wages or benefits, or program implementation. Training that requires travel shall follow state travel reimbursement guidelines. These can be accessed at: <http://swfs.ofm.wa.gov/travelhelp/perdiem.htm>

D. County Coordinator (or Designee) Responsibilities:

1. Design and implement a process to develop the two-year plan identified in A.1. for the 2005-2007 biennium.

Note:

DASA staff shall provide available data and planning tools for those wishing to develop plans for areas smaller than the county level.

Archival data for each county can be accessed at:

<http://www1.dshs.wa.gov/rda/research/4/47/updated/default.shtm>

Data from the Washington State Healthy Youth Survey can be accessed at: <http://www3.doh.wa.gov/HYS/>

2. Implement and monitor prevention programs and reporting to assure compliance with these guidelines.
3. Counties that deliver prevention services through subcontractors shall develop and submit to DASA a protocol for monitoring their subcontractors and shall conduct on-site visits of prevention contractors at least once each contract year.

- E. Reporting Requirements and Timelines – Counties shall provide the following information to DASA through the Performance-Based Prevention System (PBPS):
1. Program Planning
 - a. **May 15, 2005:** All components of the 2005-2007 County plan as outlined in A.1.
 - b. **July 1, 2005:** All programs approved by DASA for implementation in the 2005-2007 biennium.
 2. Program Service Reports
 - a. Counties shall ensure that demographic information is provided for each participant in recurring programs
 - b. **15th of Every Month:** Service reports due for all active programs for preceding month.
For example: October 15, 2005, for services that occurred September 1-30, 2005.
 - c. Any requests for extensions to reporting deadlines or exceptions from reporting shall be requested directly from the Regional Administrator (or designee) before the report due date and the Regional Administrator (or designee) must accept the extension or exception request before the due date.
 3. Community Coordination Reports
 - a. Each County shall report their community coordination efforts in the PBPS for each three-month quarter of the calendar year. Due dates are:
October 31, 2005 (for July-September, 2005); **January 31, 2006** (for October-December, 2005); **April 30, 2006** (for January-March, 2006); **July 30, 2006** (for April-June, 2006); **October 31, 2006** (for July-September, 2006); **January 31, 2007** (for October-December, 2006); **April 20, 2007** (for January-March, 2007); and **July 30, 2007** (for April-June, 2007).
 - b. Any requests for extensions to reporting deadlines or exceptions from reporting shall be requested directly from the Regional Administrator (or designee) before the report due date and the Regional Administrator must accept the extension or exception request before the due date.
 4. Outcome Measures
 - a. Pre-and post-test responses to the Center for Substance Abuse Prevention (CSAP) standard surveys for each recurring program (ongoing programs that include the same individuals over time) that has service recipients between 13-17 years old.

- b. Special situations and exceptions regarding the CSAP pre- and post-test survey requirement:
 - The County shall negotiate with the Regional Administrator (or designee) to reduce multiple administrations of surveys to individual participants.
 - Participants in recurring programs that serve the majority participants outside the designated age range,
 - Recurring services that spend less than \$2,000 of DASA prevention funds,
 - All single event programs,
 - c. Counties shall still be required to report service data, including participant demographics and attendance, for all recurring programs, regardless of survey exceptions.
 - d. Mentoring services are to be considered recurring services and share all of the requirements for recurring services listed above.
5. Training activities – use of training funds shall be reported in the PBPS at least every three months. Due dates are:
- October 31, 2005** (for July-September, 2005); **January 31, 2006** (for October-December, 2005); **April 30, 2006** (for January-March, 2006); **July 30, 2006** (for April-June, 2006); **October 31, 2006** (for July-September, 2006); **January 31, 2007** (for October-December, 2006); **April 20, 2007** (for January-March, 2007); and **July 30, 2007** (for April-June, 2007).